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DATE: March 27, 2006
CLIENT NO.: K2020.0003
MESSAGE TO: Examiner Nguyen, K. T.
COMPANY: USPTO; Art Unit 2881
FAX NUMBER: (571) 273-8300 / (703) 872-9306
PHONE: (571) 272-2479
FROM: Peter A. Veytsman
PHONE: 202-777-2592

PAGES (Including Cover Sheet): 22 HARD COPY TO FOLLOW: ☐ YES ☒ NO

Please file the attached Amendment (18 pages), Amendment Transmittal Letter, Petition for Extension of Time and Credit Card Payment Form in U.S. Patent Application No. 10/790,849, filed on March 3, 2004. Pursuant to 37 C.F.R. § 1.8, the undersigned hereby certifies that the attached documents are being transmitted by facsimile to the U.S. Patent and Trademark Office on March 27, 2006.

Peter A. Veytsman, Reg. No. 45,920

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DSMDB.2057266.1

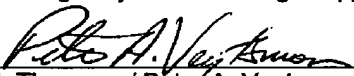
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AMENDMENT TRANSMITTAL LETTER				Docket No. K2020.0003/P003	
Application No. 10/790,849-Conf. #1916	Filing Date March 3, 2004	Examiner K. T. Nguyen	Art Unit 2881		
Applicant(s): Kunio Moriyama et al.					
Invention: PARTICAL BEAM THERAPY SYSTEM					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	32	- 28 =	4	x 50.00	200.00
Independent Claims	8	- 6 =	2	x 200.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,050.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>04-1073</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark J. Thronson / Peter A. Veytsman Attorney/Agent Reg. No.: 33,082 / 45,920				Dated: <u>March 27, 2006</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742					

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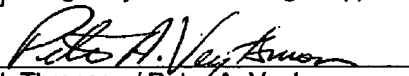
DSMDB.2063377.1

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